REC'D JUL 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County: Wright — Registration District No.: 908
Township: Mtn Grove — Primary Registration District No.: 6222
City: (No. St. Ward)

File No.: 23221
Registered No.: 33

2. FULL NAME: Andrew John Schupp - 100
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tona Schupp -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 8 1861
7. AGE: Years 76 Months 6 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Photographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schuylkill Pa

FATHER
13. NAME: John Schupp.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

MOTHER
15. MAIDEN NAME: Shade
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

17. INFORMANT (ADDRESS): Mrs. A. J. Schupp - Mtn Grove, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hill Crest DATE: 6-18- 1938
19. UNDERTAKER (ADDRESS): Bottom Funeral Home, Springfield Mo.
20. FILED: 6-20 1938 Bernice Montgomery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6 - 15 - 1938
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to June 15, 1938
I last saw him alive on 6/15 1938. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
and Parenchymatous	
nephritis (acute)	
from a cold -	
Other contributory causes of importance: 9 2 W	

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. A. Ryan, M. D.
(Address) Mtn Grove

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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